



NPS Camping Adventure with My Parents (CAMP) Emergency Contact and Medical Information

Your Name _____

Emergency Contact

Name _____

Relationship to you _____

Their Address _____

Home Phone _____ Work _____ Cell _____

Emergency Contact (Additional)

Name _____

Relationship to you _____

Their Address _____

Home Phone _____ Work _____ Cell _____

Do you have any physical restrictions? _____ If yes, what for?

What medications are you on? (Bring one extra dosage of your medication just in case)

Do you have asthma? _____ If yes, please have two inhalers.

Are you diabetic? _____

Have you had problems at high elevations before? _____

Are you allergic to bees? _____ If so, how do you react?

What food allergies do you have?

How do you react?

What should be done if you have a reaction?

Have you had seizures before? _____ When was your last attack?

Describe the type of seizure:

What other information needs to be known in the event of a medical emergency?

Are there any restrictions for treating you in a medical/backcountry emergency?

Clinic or doctor's name: _____

Address: _____

Their phone number: _____

The information collected on this sheet is purely informational, to be used by a certified Wilderness First Responder in a wilderness setting. It does not void the Release of Liability form signed by participants and approved guardians. Guardians should initial here that they understand this: _____